United Nations ST/IC/1999/36

Secretariat

19 May 1999

Information circular*

To: Members of the staff

From: The Assistant Secretary-General for Human Resources Management

Subject: **Post-exposure therapy against human immunodeficiency virus and sexually transmitted diseases**

1. An inter-agency working group, chaired by the United Nations Children's Fund, is currently working on developing a comprehensive policy regarding assistance in the event of rape for staff members who, unlike their colleagues in New York, Geneva or Vienna, do not have wide access to therapy through local hospitals and private doctors' offices. Pending completion of that policy, staff serving at offices away from Headquarters and in Nairobi will be given access to post-exposure therapy, an emergency medical response to individuals exposed to the human immunodeficiency virus (HIV) or sexually transmitted diseases, in the event of rape or of accidental exposure to infection in the course of their work, for example, through accidental needle pricks. United Nations-assisted access to post-exposure therapy is not intended for other kinds of exposure to possible infection.

2. Post-exposure therapy consists of tests, counselling and medicines administered ideally within an hour, and not later than 48 hours, of possible exposure to the virus. The therapy lasts for 30 days and will be followed up with further testing and counselling.

3. Owing to the gravity of HIV infection and the current availability of treatment, post-exposure therapy will be made available to staff serving at offices away from Headquarters and in Nairobi under the following conditions:

(a) Every country office will establish its own post-exposure therapy emergency protocol and will ensure that the protocol details are made known to staff members in that area. The primary objective of the protocol is to ensure that staff reporting rape have immediate access to the therapy;

(b) Heads of agencies or chiefs of personnel, as appropriate, are authorized to approve medical evacuation to appropriate medical centres for post-exposure therapy in cases of possible HIV infection through rape;

(c) All such evacuations, including initial consultations, will be coordinated through the United Nations medical services;

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(d) The United Nations medical services and the Staff Counsellor's Office will ensure that the staff concerned receive the proper course of testing and counselling, as indicated in the post-exposure therapy protocol;

(e) Strict confidentiality will be ensured in order to respect staff members' right to privacy;

(f) A mechanism will be established to enable assaulted staff members to report details of the assault to the United Nations medical services.

4. It should be emphasized that the speed of response is vital for the effectiveness of this potentially life-saving initiative. It is incumbent on the managers to make this new policy known to all staff, with particular attention to those whose working environment makes them more vulnerable to rape. Staff members are urged to familiarize themselves with the post-exposure therapy protocol at their duty station.

5. For further information, please contact heads of offices, the United Nations medical services or the United Nations Staff Counsellor's Office.